#### NOTICE OF PROPOSED CHANGES

Title 22 California Code of Regulations, Division 7, Chapter 10 -- Health Facility Data

Amendment to Article 8, Discharge Data Reporting Requirements Primarily to
Change the Two-Digit Year to Four-Digit Year for All Dates,
Expand Categories of Expected Source of Payment to Include Managed Care Plan Names,
Require Reporting of Prehospital Care and Resuscitation (DNR Orders), and
Delete Acceptance of a Separate Coding Classification for Psychiatric Diagnoses

NOTICE IS HEREBY GIVEN that the Office of Statewide Health Planning and Development (hereafter "the Office") proposes to amend Sections 97210 through 97243, except 97211 and 97223, of Title 22 of the California Code of Regulations (CCR). The Office also proposes to add a new section, 97233.

#### **AUTHORITY AND REFERENCE**

Notice is hereby given that the Office, pursuant to the authority vested in Section 128810 of the Health and Safety Code, to implement, interpret, or make specific Section 128735 of the Health and Safety Code, proposes to amend 22 CCR Sections 97210 through 97243, except 97211 and 97223.

## INFORMATIVE DIGEST/PLAIN ENGLISH OVERVIEW

Hospitals licensed in California are required to file a Hospital Discharge Abstract Data Record with the Office for every patient discharged from a hospital. The California Code of Regulations, describing required reporting to the Office, instructs that each inpatient discharge record shall be reported by thirty-three data elements and their categories.

Revisions to CCR Sections 97210 through 97243, except 97211 and 97223, are proposed to provide improved information by the following revisions:

- Require a four-digit year for the admission, discharge, and principal procedure and other procedures' dates to accommodate the years beyond 1999.
- Revise the categories of the data element Expected Source of Payment and include managed care plan names.
- Require reporting of prehospital care and resuscitation by collecting whether or not a do not resuscitate (DNR) order is written by a physician at the time of or within the first twenty-four hours of admission and insert a definition for a DNR order.
- Delete repetitive language that specifies methods of submission and computer media and insert separate definitions for method of submission and for computer media.
- Delete the definition for the publication Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) because it is obsolete.
- Delete the acceptance of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV) codes for psychiatric diagnoses for the data elements Principal Diagnosis and Other

Diagnoses because the DSM IV code definitions are different from the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) code definitions and are no longer interchangeable.

- Delete reference to the Manual Abstract Reporting Form, OSHPD 1370, (MARF) and format and specifications for computer media that are no longer applicable to data being reported, insert an ending effective date for the MARF and format and specifications for computer media to be reported through December 31, 1998, and insert the revision date of March 1998 for the MARF and format and specifications for computer media for discharges to be reported on or after January 1, 1999.
- Delete that sufficient copies of the MARF will be supplied to hospitals, insert that hospitals shall be supplied one copy of the MARF, and require that hospitals themselves reproduce additional copies of the MARF on paper in front and back order.
- Delete that hospitals may report the ZIP Code of the homeless as ZZZZZ and instead require that hospitals report the ZIP Code of the homeless as ZZZZZ.
- Delete from the data elements Source of Admission and Disposition of Patient the term long-term care and replace it with the accepted and used terminology of Skilled Nursing/Intermediate Care.
- Require that Other Procedures be coded using the ICD-9-CM.
- Delete the table that individually specifies default values and insert language in the subsection to collectively state that default values for all data elements will be zero, except for Admission Date, Discharge Date, and Condition Present at Admission for Principal Diagnosis.
- Delete the specified number (600) corrections required to replace data and the specified number of records (between 75 and 600) with errors required to replace data and insert that data may be replaced or require correction as a result of not meeting the requirements of Section 97213, the data element definitions in Sections 97216 through 97233, and/or not meeting the error tolerance levels specified in Table 1 of Section 97242.

Additionally, the Office proposes the revision of grammar and punctuation, so that language is clear, specific, and consistent throughout the regulations; the deletion of versions and portions that no longer apply to discharge data being reported and reviewed and that have been made available to the public; and the renumbering of subsections because of the deletions of the outdated versions and portions and new sections and subsections.

# Section 97210, Notice of Change in Hospital Operations, Contact Person, Method of Submission or Designated Agent.

Section 97210 is being revised to delete the parenthetical phrase detailing method of submission because a definition detailing method of submission is inserted in Section 97212. Terminology is being revised, so that language is specific and consistent throughout the regulations.

## Section 97212, Definitions, as used in this Article.

Section 97212 is being revised to delete the outdated version and the now unnecessary language in the current version to avoid confusion in the requirements.

The current version of Section 97212 is being revised to insert a definition for the term computer media in order to discontinue repeating the details numerous times throughout the regulations and add

compact disk as an acceptable computer medium. The definition for a designated agent is restructured into sentence form. The definition for DSM-III-R is deleted because this publication is obsolete. No definition is added for DSM IV; please see Section 97225. A definition for a DNR order is inserted to identify who writes the order and what instructions are contained in the order that is reported for the data element Prehospital Care and Resuscitation; please see Section 97233. A definition for the term method of submission is inserted to discontinue repeating the details numerous times throughout the regulations and to add compact disk as an acceptable method of submission.

Terminology is being revised, so that language is specific and consistent throughout the regulations.

The revision adds and renumbers subsections accordingly and revises references.

# Section 97213, Required Reporting.

Section 97213 is being revised to delete the outdated version and the now unnecessary language in the current version to avoid confusion in the reporting requirements.

References are being changed because of renumbering in Section 97212.

The phrase detailing types of computer media is being deleted and the term computer media is inserted.

The current language requiring hospitals with two or more types of care to submit discharge data reports on one medium is ambiguous and not specific. The revision is clear and specific stating that each discharge data report shall be submitted at one time, use one method of submission, and include all types of care.

# Section 97214, Form of Authorization

Section 97214 is being revised to delete the outdated version and now unnecessary language in the current version to avoid confusion in the requirements.

Terminology is being revised, so that language is specific and consistent throughout the regulations.

Punctuation is being revised either because of previous inadvertent omission or for consistency.

## Section 97215, Format.

Section 97215 is being revised to delete the outdated MARF and format and specifications for computer media and insert effective dates for the current and future MARF and format and specifications for computer media.

The phrase detailing types of computer media is deleted and the term computer media is inserted.

The section is being revised to delete that sufficient copies of the MARF will be supplied to hospitals, insert that hospitals shall be supplied one copy of the MARF, and require that hospitals themselves reproduce additional copies of the MARF on paper in front and back order. For the January through

June 1997 reporting period, eighty-three hospitals submitted discharge data reports partially or entirely on MARF, and the number of MARFs submitted were 30,786, which were furnished to the hospitals by the Office. There is no hospital or record identification on Page 2 of the MARF so it is necessary that the copies be made on one sheet of paper, front and back. Requiring the identification information on Page 2 would require that the information be written twice by the hospital's abstractor and would increase completion time. Further, the Office encourages hospitals to submit discharge data reports on computer media for greater efficiency in the collection, editing, and disclosure of data.

Terminology is being revised, so that language is specific and consistent throughout the regulations.

Punctuation is being revised either because of previous inadvertent omission or for consistency.

# Section 97216, Definition of Data Element—Date of Birth.

Section 97216 is being revised to change grammar and punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. Please see Sections 97221, 97224, 97228 and 97229.

#### Section 97217, Definition of Data Element—Sex.

Section 97217 is being revised to insert punctuation previously omitted.

## Section 97218, Definition of Data Element—Race.

Section 97218 is being revised to insert punctuation previously omitted.

Terminology is being revised, so that language is consistent throughout the regulations.

## Section 97219, Definition of Data Element—ZIP Code.

Section 97219 is being revised to require that hospitals report ZIP Codes of the homeless as ZZZZZ. Currently, hospitals may report ZIP Codes of the homeless with ZZZZZ and are reporting their own ZIP Codes, XXXXX indicating unknown, and various other ZIP Codes. Requiring the ZZZZZZ be reported as the ZIP Code for homeless persons will insure comparability and consistency in reporting from all hospitals.

Terminology is being revised, so that language specific and consistent throughout the regulations.

## Section 97220, Definition of Data Element—Patient Social Security Number.

Section 97220 is being revised, so that terminology is consistent throughout the regulations.

#### Section 97221. Definition of Data Element—Admission Date.

Section 97221 is being revised to delete the outdated version and now unnecessary language in the current version to avoid confusion in the reporting requirements.

The section is being revised to increase the number of digits for reporting the year from two to four to accommodate the years beyond 1999 and to change grammar and punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. Please see Sections 97216, 97224, 97228 and 97229. A survey of fiscal impact to hospitals was sent concerning the implementation of the 4-digit requirement. Please see Fiscal Impact Estimates below.

## Section 97222, Definition of Data Element—Source of Admission.

Section 97222 is being revised to delete the outdated subsection to avoid confusion in the reporting requirements.

The section is being revised to require reporting Veterans Administration (VA) and other federal hospitals as any other hospital and delete and add terminology, so that language is consistent throughout the regulations. Please see Section 97231.

## Section 97224, Definition of Data Element—Discharge Date.

Section 97224 is being revised to increase the number of digits for reporting the year from two to four to accommodate the years beyond 1999. Please see Sections 97216, 97221, 97228 and 97229. A survey of fiscal impact to hospitals was sent concerning the implementation of the 4-digit requirement. Please see Fiscal Impact Estimates below.

# Section 97225, Definition of Data Element—Principal Diagnosis and Whether the Condition was Present at Admission.

Section 97225 is being revised to delete language specifying that psychiatric diagnoses may be coded by the DSM IV coding classification, to delete the meaning of the acronym for ICD-9-CM, to delete a redundant phrase, and insert terminology, so that language is consistent throughout the regulations.

# Section 97226, Definition of Data Element—Other Diagnoses and Whether the Condition was Present at Admission.

Section 97226 is being revised to delete the reference to the DSM IV and to delete a redundant phrase and insert terminology, so that language is consistent throughout the regulations.

## Section 97227, Definition of Data Element—External Cause of Injury.

Section 97227 is being revised to change terminology, so that language is clear.

## Section 97228, Definition of Data Element—Principal Procedure and Date.

Section 97228 is being revised to clarify that procedures are coded with the ICD-9-CM classification, to increase the number of digits for reporting the year from two to four to accommodate the years beyond 1999, and to change grammar and punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. Please see Sections 97216, 97224, 97224 and 97229. A survey of fiscal impact to hospitals was sent concerning the implementation of the 4-digit requirement. Please see Fiscal Impact Estimates below.

## Section 97229, Definition of Data Element—Other Procedures and Dates.

Section 97229 is being revised to clarify that procedures are coded with the ICD-9-CM classification, to increase the number of digits for reporting the year from two to four to accommodate the years beyond 1999, and to change grammar and punctuation, so that the language of all data elements requiring the reporting of dates is clear and consistent throughout the regulations. Please see Sections 97216, 97224, 97224 and 97228. A survey of fiscal impact to hospitals was sent concerning the implementation of the 4-digit requirement. Please see Fiscal Impact Estimates below.

## Section 97230, Definition of Data Element—Total Charges.

Section 97230 is being revised, so that terminology is consistent throughout the regulations.

# Section 97231, Definition of Data Element—Disposition of Patient.

Section 97231 is being revised to delete the outdated subsection to avoid confusion in the reporting requirements.

The section is being revised to report Veterans Administration (VA) and other federal hospitals as any other hospital and delete and add terminology, so that language is consistent throughout the regulations. Please see Section 97222.

## Section 97232, Definition of Data Element—Expected Source of Payment.

Section 97232 is being revised to insert a new section effective with discharges on or after January 1, 1999. The new language will more accurately reflect current categories of payers and provide more precise information about managed care coverage because managed care continues to be a growing form of health care coverage in California. The proposed revisions to this section were originally noticed in April 1997, and public comments requested a delay in implementation and a survey of fiscal impact to hospitals. Please see Fiscal Impact Estimates below.

## Section 97233, Definition of Data Element—Prehospital Care and Resuscitation.

Section 97233 is being inserted to require that hospitals report whether or not a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital. A survey of fiscal impact to hospitals was sent concerning the implementation of this requirement. Please see Fiscal Impact Estimates below.

## Section 97239, Hospital Identification Number.

Section 97239 is being revised to delete outdated text, state that the Office assigns this number, and change terminology, so that language is consistent throughout the regulations.

## Section 97240, Request for Modifications to the California Hospital Data Set.

Section 97240 is being revised, so that language is consistent throughout the regulations.

## Section 97241, Requests for Extension of Time to File Discharge Data.

Section 97241 is being revised, so that language is consistent throughout the regulations.

#### Section 97242, Error Tolerance Levels.

Section 97242 is being revised to delete the table specifying varying default values and in text make all default values the same, except one, to insert an error percentage for the data element Prehospital Care and Resuscitation, and to change terminology, so that language is consistent throughout the regulations.

## Section 97243, Acceptance Criteria.

Section 97243 is being revised to delete specific numbers for corrections and records necessary for acceptance of discharge data, combine subsections, delete redundant language, and change terminology, so that language is consistent throughout the regulations.

The proposed patient discharge data changes would be effective 30 days after filing with the Secretary of State. The new reporting requirements would be effective for hospital inpatient discharges starting January 1, 1999.

#### WRITTEN COMMENT PERIOD

NOTICE IS HEREBY GIVEN that no public hearings are planned. Interested parties may, however, submit written comments presenting statements, arguments, or contentions relating to the proposed action. All such comments must be received by the Office by **5:00 p.m. on July 13, 1998**, which is hereby designated as the close of the written comment period. However, a public hearing will be held if no later than 15 days prior to the close of the written comment period, an interested person or his or her duly authorized representative submits to the Contact Person, a written request to hold a public hearing (see Contact Person and address below).

## FISCAL IMPACT ESTIMATES

- 1. <u>Local Mandate Determination (Cal. Gov't Code §11346.5(a)(5))</u>: As the proposed amendments will impose requirements upon all California hospitals, and will only incidentally affect governmental hospitals, there is no local mandate created by the proposed revisions which would require state reimbursement.
- 2. Estimated of Cost or Savings to Any State Agency (Cal. Gov't Code \$11346.5(1)(6)): None.
- 3. Cost to Any Local Agency or School District That is Required to be Reimbursed by the State (Cal. Gov't Code §11346.5(1)(6): None.
- 4. Non-Discretionary Cost or Savings Imposed on Local Agencies (Cal. Gov't Code §11346.5(1)(6): None.

- 5. Cost or Savings in Federal Funding to the State (Cal. Gov't Code \$11346.5(1)(6): None.
- 6. Impact on Housing Costs (Cal. Gov't Code (11346.55): None.
- 7. Potential Cost Impact on Private Persons or Affected Business, Other Than Small Businesses (Cal. Gov't Code §11346.53(e)): The Office mailed a fiscal impact survey to 550 reporting California hospitals. A total of 210 responses, which included 99 small businesses, were received, representing 249 hospitals. Four of the responses received were from hospital systems, which represent 39 of the 249 responding hospitals.

As indicated in the table below, a majority of respondents estimated no cost or under \$5000 for each of the three primary proposed changes. Approximately 50% of the respondents did not provide information describing the components of the cost estimates indicated on the survey. The majority of responses describing cost components indicated information systems modifications, such as software changes.

Table Legend: Year 2K = Expanding all date data elements to 4-digit years

ESOP = Expanding the categories of the data element Expected Source

of Payment

DNR = Adding the reporting of Prehospital Care and Resuscitation

(DNR orders)

	Year					
Responses	2K	Percent	<b>ESOP</b>	Percent	DNR	Percent
# responses	208		210		209	
# hospitals	247	45%	249	45%	248	45%
No cost	82	39%	50	24%	53	25%
Under \$5000	70	34%	83	40%	84	40%
\$5000 - \$30000	44	21%	62	29%	59	28%
Over \$30000	12	6%	15	7%	13	6%
# responses w/out						
reasons	121	58%	94	45%	100	48%
# responses w/reasons	87	42%	116	55%	109	52%
Reasons – IS Mod.	82	94%	111	96%	99	91%
Reasons – Staff time	5	6%	10	8%	11	10%

8. <u>Potential Adverse Economic Impact on Businesses (Cal. Gov't Code §11346.53)</u>: The Office has determined that the regulations would not have a significant adverse economic impact on businesses, including the ability of California businesses to compete with businesses in other states.

The Office has determined that the regulations would not significantly affect the following:

(1) The creation or elimination of jobs within the State of California.

- (2) The creation of new businesses or the elimination of existing businesses within the State of California.
- (3) The expansion of businesses currently doing business within the State of California.

#### ALTERNATIVES CONSIDERED

The Office must determine in accordance with Government Code Section 11246.5(a)(7) that no alternative considered by the Office would be more effective in carrying out the purpose for which the action is proposed or less burdensome to affect private persons than the proposed action.

## TEXT OF PROPOSAL

The exact language of the proposed changes to the regulations, in italic and strikethrough format, is available, upon request, from the Office. In addition, if the Office later makes a substantial change to the text of any proposed amendment to a regulation, the full text of any regulation so modified shall be available to the public from the Office at least 15 days prior to adoption of the regulation (see Contact Person below).

The Office has determined that the regulations may affect small business.

The Office has determined that it is not feasible to draft the regulations in plain English due to the technical nature of the regulations; however, a noncontrolling plain English summary is available from the agency contact person named in this notice.

## STATEMENT OF REASONS

The Office has prepared a detailed Initial Statement of Reasons for the proposed action. That statement, this notice, the text of the proposed changes to the affected regulations, and the revised specifications describing the format for discharge data submission (tape, diskette, compact disk, or manual abstract reporting) will be mailed to all California hospitals. The full package is available from the Office (see Contact Person below).

## **CONTACT PERSON**

Inquiries and comments concerning the proposed action may be addressed to Candace L. Diamond, Manager, Patient Discharge Data Section, Office of Statewide Health Planning and Development, 818 K Street, Room 100, Sacramento, California 95814 (telephone: 916-324-2712, fax: 916-327-3915, e-mail: cdiamond@oshpd.cahwnet.gov).

Dated: May 19, 1998 Candace L. Diamond,

Manager

Patient Discharge Data Section Healthcare Information Division

Office of Statewide Health Planning and Development